

CITY OF SAN ANTONIO

DANGEROUS/AGGRESSIVE DOG AFFIDAVIT

4710 State Highway 151 San Antonio, Texas 78227

PLEASE TYPE OR PRINT

Press "Tab" Button to Move Between Fields

•	ormation on the front of			
	pack of this paper or on	your own paper.		
APPLICANT INFORMATION	DOD	Driverde Lieuwe New		
Name:	DOB:	Driver's License No:		
Street Address:	City/State:	Zip): 	
Phone: Email:				
, , , , , , , , , , , , , , , , , , , ,	Yes No			
If yes, please fill out "Witness Information" section	below.			
WITNESS INFORMATION (If Available)		N.		
Name:	1	Phone:		
Street Address:	City/State:	Zip) :	
Additional witnesses may be listed in the last section.				
INCIDENT INFORMATION				
Where did the incident happen?				
When did the incident happen? Date:		Time:		
Did the attack occur on the dog owner's property?	Yes Was the dog	owner present? Yes No		
If no, where did the attack happen? (Address or Street Sidewalk Street Driveway Front yard		nent	e Home 🔲	
Did the attack occur in a fenced yard or enclosed are	ea? Yes No			
Did you fear you or another person would be attack	ed and that the dog would in	jure you or them? Yes 🔲 N	lo 🗌	
If yes, briefly describe how or why?				
Do you believe that you (or bite victim, if not you) d	id anything to cause the dog	to attack? Yes No		
Please describe what you were doing at the time of	the attack:			
MEDICAL INFORMATION – HUMAN VICTIM				
Did you receive any injuries as a result of this incide	nt? Yes No			
If yes, complete this section. If no, skip to next sect	ion.			
Did you receive medical treatment at a clinic or hosp	pital? Yes No No			
Hospital or Clinic where you were treated:	Can you prov	ide documentation or pictures?		
Name:	Yes No	_		
Address:	_	Are you willing to provide Animal Care Services with Medical Records? Yes No		
Phone Number:		ords? Yes No		
If yes, please describe the location and severity of yo	our injury(ies):			
Name of Attending Physician:		Phone:		
Address:				



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MEDICAL INFORMATION – ANIMAL VICT	TIM .				
Did your animal receive any injuries? Yes	No 🗌	Nature of Inju	uries:		
If yes, complete this section. If no, skip to t	he next section.				
Did you animal require any medical treatme	nt as a result of injurie	es sustained in	the incident? Yes No		
Name of Attending Veterinarian:			Phone:		
Address:					
Do you have photos of the injuries? Yes	No 🗌	Who took the	photos?		
Can you provide Animal Care Services with r	medical documentation	n of your pet's	injuries? Yes No		
ATTACKING DOG INFORMATION					
Dog Name (If Known):		Breed or Type	2:		
Color:	s the dog a: Puppy	Young Adul	t Adult Senior Unknown		
Was the dog wearing a collar or harness? Yes No If yes, what color?					
Have you seen the dog before? Yes	No 🗌 If yes, when a	and where?			
Describe the animal's behavior:					
Have you observed aggressive behavior from the dog prior to the attack/incident?					
ATTACKING DOG – OWNER INFORMATION	ON				
Is the dog owned? Yes No Unknown					
Owner's Name (If known):					
Owner's Address					
Is the owner someone that you know personally? Yes No I If yes, how?					
How do you know dog(s) are owned by the person/address listed above?					
Have you communicated with the owner in writing in regards to their dog attack? Yes No					
If yes, briefly describe the conversation. Please do not include any conversations regarding civil litigation.					
NARRATIVE PORTION – PLEASE DESCRIBE THE ATTACK					



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ADDITIONAL DOGS INVOLVED OR POSSIBLY INVOLVED NAME BREED OR TYPE COLOR ADDITIONAL INFORMATION RELEVANT TO THE CASE	PHONE NUMBER OWNER (If Known)
NAME BREED OR TYPE COLOR	OWNER (If Known)
NAME BREED OR TYPE COLOR	R OWNER (If Known)
NAME BREED OR TYPE COLOR	OWNER (If Known)
NAME BREED OR TYPE COLOR	OWNER (If Known)
NAME BREED OR TYPE COLOR	OWNER (If Known)
	OWNER (If Known)
ADDITIONAL INFORMATION RELEVANT TO THE CASE	
ADDITIONAL INFORMATION RELEVANT TO THE CASE	
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ADDITIONAL INFORMATION RELEVANT TO THE CASE	
SIGNATURE:	DATE:
(Must be Signed in the Presence of a Texas Notary Public)	
PARENT/GUARDIAN SIGNATURE:	DATE:
STATE OF TEXAS COUNTY OF BEXAR	
SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DAY O	DF, 20
Notary Si _į	ignature:
My Comp	mission Expires:
Wy Comm	
OFFICE USE ONLY:	
RECEIVED BY DATE RECEIVED	
OUTCOME: APPROVED REJECTED REASON	REVIEWED BY DATE REVIEWED
Type of follow up: Dangerous Aggressive SBI ABD ABDD A	REVIEWED BY DATE REVIEWED N IF REJECTED: